FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION " Washington, D.C. 20549

FORM D

SEP @ 2 2003

Estimated average burden hours per form

OMB Number:

NOTICE OF SALE OF SECURPTIES PURSUANT TO REGULATION D. 102 **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SE	C USE ON	LY
Prefix		Serial
DAT	TE RECEIV	ED

Expires: November 30, 2001

3235-0076

Name of Offering (check if this	is an amendment and name l	nas changed, and ind	licate change	.)			
Series G Preferred Stock Financi	ng						
Filing Under (Check box(es) that ap	ply): □ Rule 504	☐ Rule 505	⊠Rule 5	506 ☐ Section 4(6)	□ ULOE		
	_			` '			
Type of Filing: ⊠New Filing	☐ Amendment						
	A. BASIC	IDENTIFICATIO	N DATA				
1. Enter the information requested	about the issuer						
Name of Issuer (☐ check if this	is an amendment and name l	has changed, and ind	licate change	:.)			
Tasman Networks, Inc.				•			
Address of Executive Offices	(Number and Stree	et, City, State, Zip C	ode) Tele	phone Number (Including Ar	ea Code)		
525 Race Street, Suite 100, San Jos	,	, , , ,		216-4700 `	,		
Address of Principal Business Opera		et, City, State, Zip C	Code) Tele	phone Number (Including Ar	ea Code)		
(if different from Executive Offices)		2 · • • • • • • • • • • • • • • • • • •			,		
Brief Description of Business		·					
Manufacturer of networking equ	inment						
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					-cecFD		
Type of Business Organization					()CEOURD		
⊠corporation	☐ limited partnership, al	•		other (please specify):	00		
☐ business trust	limited partnership, to	be formed			CD 03 2003		
		Month	Year	() 2	DEI OF ES		
Actual or Estimated Date of Incorpo	ration or Organization	10	97	□ other (please specify): ☑ Actual □ Estimated	THOMSON		
CINANCIAL							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
CN for C	anada; FN for other foreign j	urisdiction)		لالا			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A	RASIC	IDENTIFIC.	ATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

 Each executive officer and director of con Each general and managing partner of pa 	•	ate general and managing part	ners of partnership	issuers; and
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner		⊠Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Smith, Paul				
Business or Residence Address (Number an	d Street, City, State, Zip Coo	ie)		
c/o Tasman Networks, Inc., 525 Race S	treet Suite 100 San Inse	CA 95126		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☑ Executive Officer	□Director	☐ General and/or
				Managing Partner
Full Name (Last name first, if individual)				
Cammack, Nate				
Business or Residence Address (Number an	d Street, City, State, Zip Coo	de)		
c/o Tasman Networks, Inc., 525 Race S	treet, Suite 100, San Jose,	CA 95126		
Check Box(es) that Apply: Promoter	☑ Beneficial Owner	☐ Executive Officer	⊠Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Fong, Kevin, Mayfield Fund				
Business or Residence Address (Number an	d Street, City, State, Zip Coo	de)		
c/o Mayfield Fund, 2800 Sand Hill Road,	Menlo Park, CA 94025			
Check Box(es) that Apply: ☐ Promoter	■ Beneficial Owner	☐ Executive Officer	⊠Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Morris, Peter, New Enterprise Associate	s			
Business or Residence Address (Number ar		de)		
c/o New Enterprise Associates, 2490 Sa	nd Hill Road, Menlo Park	CA 94025		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠Director	☐ General and/or
				Managing Partner
Full Name (Last name first, if individual)				
Lux, Robert				
Business or Residence Address (Number ar	d Street, City, State, Zip Coo	de)		
c/o Mayfield Fund, 2800 Sand Hill Road,	Menlo Park, CA 94025			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Venugopal, K.C.				
	d Street, City, State, Zip Coo	de)		
c/o Tasman Networks, Inc., 525 Race Str	eet, Suite 100, San Jose,	CA 95126		

	B. INFORMATION ABOUT OFFERING						
·		Yes	No ×				
ł.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						
	Answer also in Appendix, Column 2, if filing under ULOE.						
2.	2. What is the minimum investment that will be accepted from any individual?						
3.	Does the offering permit joint ownership of a single unit?	Yes ⊠	No				
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commis-						
	sion or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or						
	states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a						
	broker or dealer, you may set forth the information for that broker or dealer only.	_					
Full	Name (Last name first, if individual)						
Dua:	many or Desidence Address (Number and Street City State 7 in Code)						
Busi	ness or Residence Address (Number and Street, City, State, Zip Code)						
Nam	ne of Associated Broker or Dealer						
State	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
	Check "All States" or check individual States)		ll States				
_	AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[ID] [MO]					
[]	MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[PA]					
	RI] [SC] [SD] [TN] [TX] [UT] [VA] [WA] [WV] [WI] [WY]	[PR]					
Full	Name (Last name first, if individual)						
Busi	ness or Residence Address (Number and Street, City, State, Zip Code)						
Dust	The state of the s						
Nam	ne of Associated Broker or Dealer						
	is of Associated Stoker of Double						
State	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers	 					
	Check "All States" or check individual States)	ΠА	ll States				
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-	IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[MO] [PA]					
_	RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]					
Full	Name (Last name first, if individual)						
Busi	iness or Residence Address (Number and Street, City, State, Zip Code)						
Nam	ne of Associated Broker or Dealer						
State	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
(C	Check "All States" or check individual States)	ΠА	ll States				
	AL	[ID] [MO]					
_	MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[PA]					
.[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]					

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

and already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	_	\$
Equity		\$7,099,999.92
□ Common ☑ Preferred	<u>\$10,000,110.00</u>	<u>\$1,032,323.92</u>
Convertible Securities (including warrants)	\$	\$
Partnership Interests		
Other (Specify)		
Total		
Answer also in Appendix, Column 3, if filing under ULOE.		
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Accrecato
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors.		\$7,099,999.92
Non-accredited Investors		-
Total (for filings under Rule 504 only)		<u>\$</u>
Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$0
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$
Legal Fees	X	\$ <u>50,000</u>
Accounting Fees		\$
Engineering Fees		\$
Sales and Commissions (specify finders' fees separately)		\$
Other Expenses (identify)		\$
Total		\$ 50,000

		OF INVESTORS, EXPENSES AND	USE	OF PROCE	EDS	
	b. Enter the difference between the aggregate offering tion 1 and total expenses furnished in response to Part the "adjusted gross proceeds to the issuer."					\$_9,950,116.00
5.	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. equal the adjusted gross proceeds to the issuer set forth above.	any purpose is not known, furnish an The total of the payments listed must				
				Payments to Officers, Directors, of the Payments to Officers, of the	&	Payments to
	Salaries and fees			Affiliates \$		Others
	Purchase of real estate			\$	_ c	\$
	Purchase, rental or leasing and installation of machine	ery and equipment		\$	[\$
	Construction or leasing of plant buildings and facilitie	es		\$	_ [\$
	Acquisition of other businesses (including the value that may be used in exchange for the assets or secumerger)	urities of another issuer pursuant to a		\$	C	- \$
	Repayment of indebtedness			\$	_ [\$
	Working capital			\$	0	\$ 9,950,116.00
	Other (specify):			\$	[\$
				\$	[\$
	Column Totals			\$	<u>0</u> [2	\$ 9,950,116.00
	Total Payments Listed (column totals added)			X S	\$ <u>9,950</u>	,116.00
				-	 	
_	D.	FEDERAL SIGNATURE				
fol	e issuer has duly caused this notice to be signed by the u owing signature constitutes an undertaking by the issuer est of its staff, the information furnished by the issuer to a	to furnish to the U.S. Securities and Ex	cchan	ge Commissi	on, upo	n written re-
	uer (Print or Type) man Networks, Inc.	gnature / Amuniosite		I.	Date August <i>a</i>	1 5 ₂₀₀₃
Na	me of Signer (Print or Type)	itle of Signer (Print or Type)				
_Na	te Cammack C	hief Financial Officer				

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Each executive officer :Each general and mana		rporate issuers and of corporate	e general and managing part	ners of partnership	ssuers; and
Check Box(es) that Apply:		☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Muthuraman, Alagappar	n (Muthu)				
Business or Residence Addr	ess (Number ar	nd Street, City, State, Zip Code	e)		
c/o Tasman Networks, Ind	c., 525 Race Str	reet, Suité 100, San Jose, C	A 95126		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)			•	
Business or Residence Addr	ress (Number ar	nd Street, City, State, Zip Cod	e)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number ar	nd Street, City, State, Zip Cod	e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number a	nd Street, City, State, Zip Cod	е)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number a	nd Street, City, State, Zip Cod	e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Adda	ress (Number a	nd Street, City, State, Zip Cod	e)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)